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Substitute for Form 1449/PTO INFORMATION DISCLOSURE STATEMENT BY APPLICANT(S) <i>(Use as many sheets as necessary)</i>	COMPLETE IF KNOWN	
	Application Number	Unknown 10/561882
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	First Named Inventor	John G. Lew
	Art Unit	Unknown
	Examiner Name	Unknown
Sheet 1 of 1	Attorney Docket No.	CSAZ 2 00172

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Exam iner Initial s*	Cite No.	Document No. Number-Kind Code <small>(if known)</small>	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document
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	AM				
	AN				

OTHER - NON PATENT LITERATURE DOCUMENTS

Examiner Initials*	Cite No.	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published	T
	AQ		
	AR		

/Thomas R. Hannon/

09/03/2009

ALL REFERENCES CONSIDERED EXCEPT WHERE LINED THROUGH. /T.R.H./